STATE OF MARYLAND

DHMH

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December 22, 2008
Public Health & Emergency Preparedness Bulletin: # 2008:51
Reporting for the week ending 12/20/08 (MMWR Week #51)

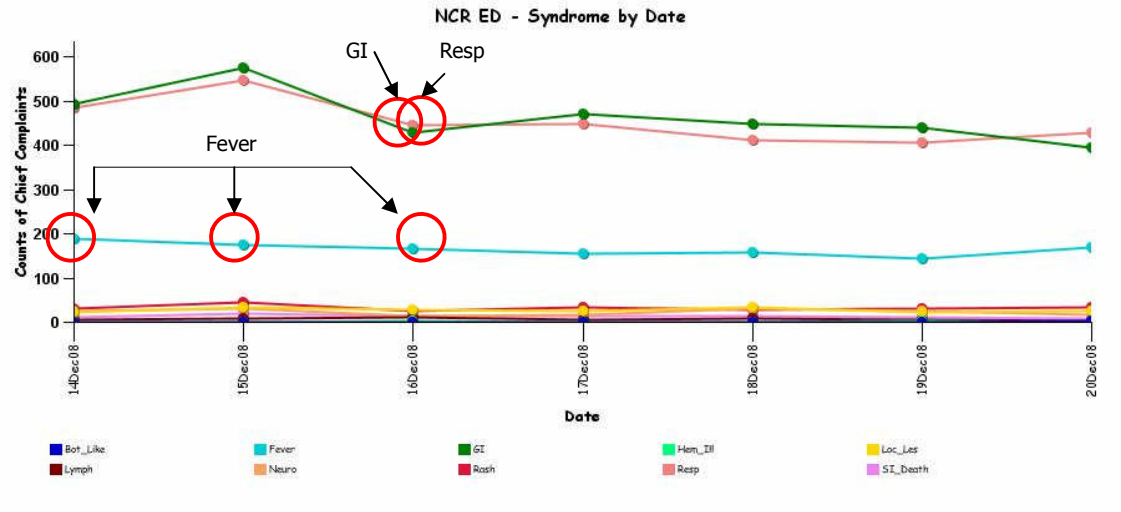
CURRENT HOMELAND SECURITY THREAT LEVELS

National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

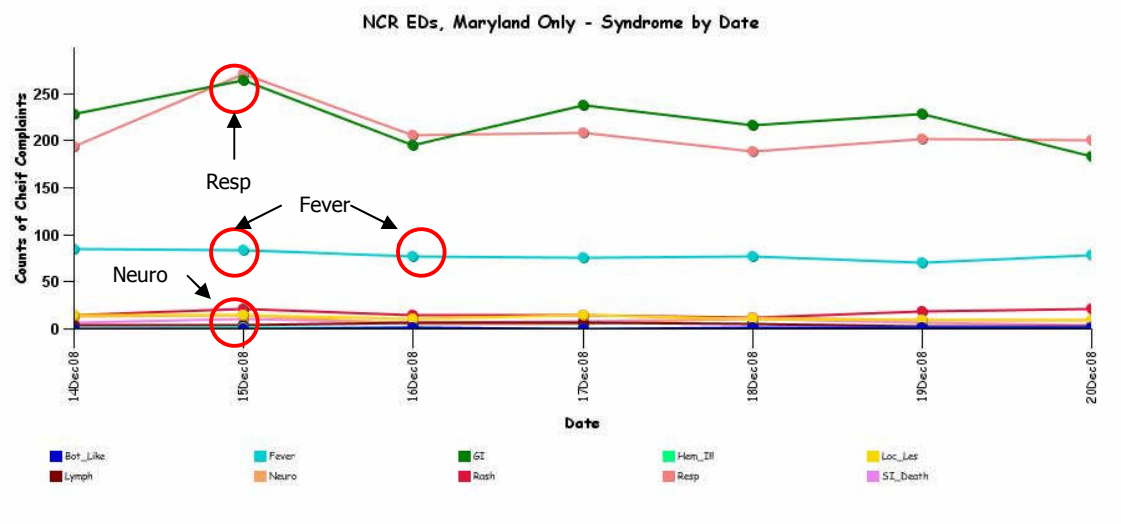
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

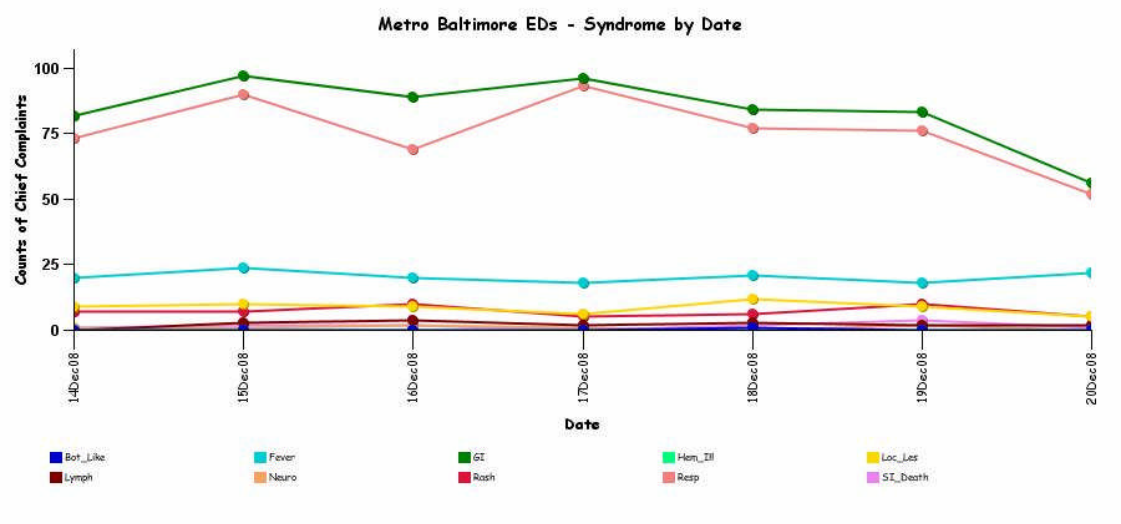
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



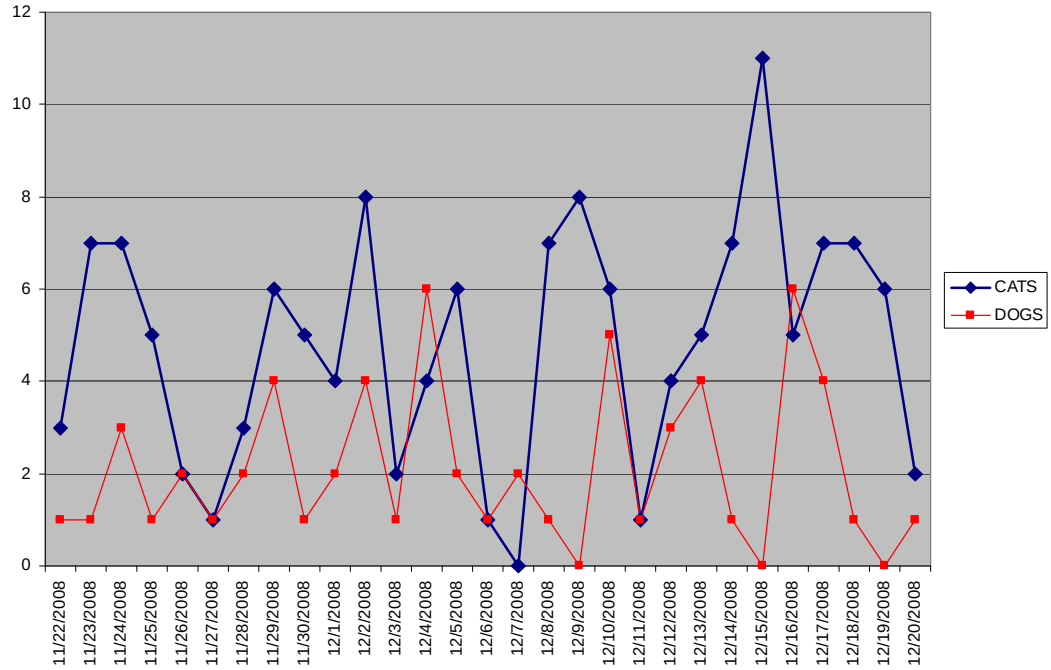
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

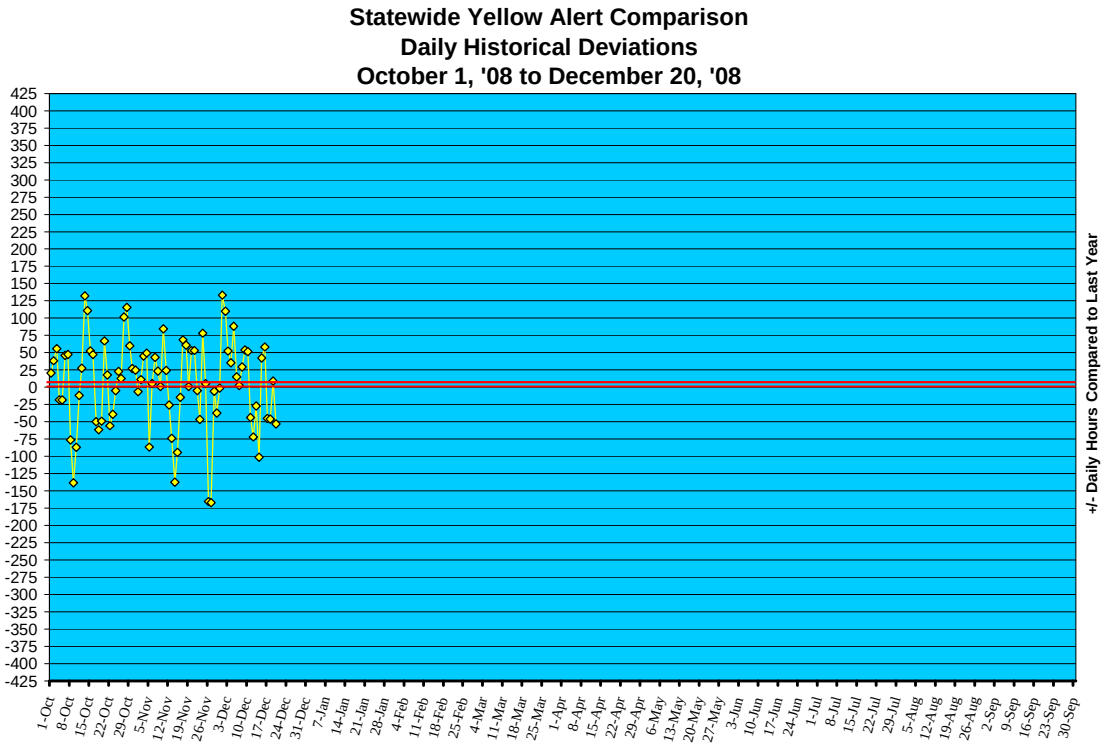
BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in November 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (Dec 14 – 20, 2008):	08	0
Prior week (Dec 7 – 13, 2008):	13	0
Week#51, 2007 (Dec 16 - 22, 2007):	17	0

26 outbreaks were reported to DHMH during MMWR Week 51 (Dec. 14- Dec. 20, 2008):

25 Gastroenteritis outbreaks
17 outbreaks of GASTROENTERITIS associated with Nursing Homes

5 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

1 outbreak of GASTROENTERITIS associated with a Hospital

1 outbreak of GASTROENTERITIS associated with a School

1 outbreak of GASTROENTERITIS associated with an Apartment Building

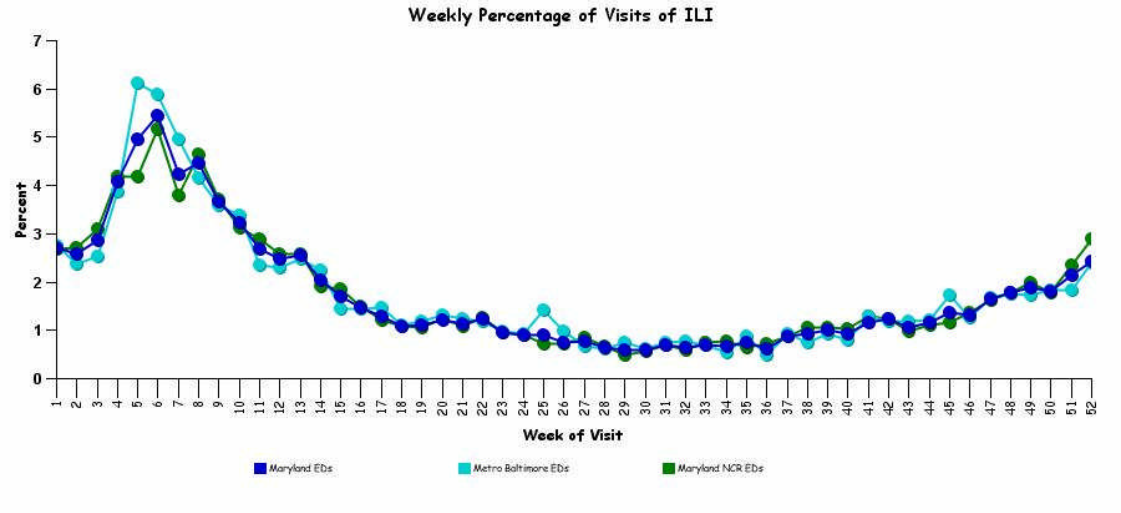
1 Foodborne outbreak
1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

MARYLAND SEASONAL FLU STATUS:

Influenza activity in Maryland for Week 51 was SPORADIC. During week 51, 11 confirmed cases of influenza were reported DHMH.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://bioterrorism.dhmh.state.md.us/flu.htm

WHO update: As of September 10, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, SUSPECTED (CAMBODIA, CHINA, INDIA, TAIWAN): 18 Dec 2008. Cambodian authorities killed some 320 ducks and chickens Wednesday [17 Dec 2008] southeast of the capital where a man last week became the country's 8th human case of the disease. The Agriculture Ministry sent 30 veterinarians to kill the fowl after laboratory tests Tuesday [16 Dec 2008] showed that 3 ducks and one chicken had contracted the deadly H5N1 virus in the village where a man fell sick, said Kao Phal, the ministry's director of animal health and food production. A 19-year-old man in Kandal province, 18 miles (30 kilometers) southeast of Phnom Penh, tested positive for bird flu last Thursday [11 Dec 2008]. The man fell ill after touching a dead chicken, said Ly Sovann, a health ministry expert on bird flu. The man remained hospitalized in the capital. The 7 previous Cambodian victims of the disease died. "His health is getting better day by day, but we need him to remain in the hospital for monitoring," Ly Sovann said. Bird flu remains hard for people to catch, but health experts worry the virus could mutate into a form that passes easily among humans, sparking a pandemic. So far, most human cases have been linked to direct contact with infected birds. At least 246 people have died worldwide from the virus since 2003, according to the World Health Organization.

AVIAN INFLUENZA (INDIA): 17 Dec 2008. Laboratory tests on dead birds have proven a new outbreak of the H5N1 bird flu virus in the eastern Indian state of West Bengal, a state government official said on Monday [15 Dec 2008]. "The laboratory test in Bhopal has confirmed the presence of the H5N1 virus in the dead birds," Sridhar Ghosh, the senior official in West Bengal's Malda district, told Reuters. Ghosh said the virus had been found in 3 dead birds tested in a laboratory in the central Indian city of Bhopal.Indian authorities are already culling hundreds of thousands of birds in the northeastern state of Assam, where health authorities are also monitoring about 100 people who had shown signs of the virus. Those patients in Assam's Guwahati, the main city in the region, were suffering from fever and respiratory infections, symptoms of the H5N1 bird flu virus in humans. There have been no confirmed human cases of H5N1 among those patients being monitored or at any other time in India. Since the virus resurfaced in Asia in 2003, it has killed more than 200 people in a dozen countries, the World Health Organisation (WHO) says. Ghosh said state officials in West Bengal were told of the latest positive tests on Monday [15 Dec 2008]. West Bengal officials said several hundred birds could have been found dead but disputed local media reports that as many as 5000 birds were dead. "We could start culling from tomorrow [16 Dec 2008] to contain the outbreak," Ghosh said by telephone from Malda, 350 km (220 miles) north of Kolkata. The WHO has described an outbreak of bird flu in communist-ruled West Bengal last January [2008], when more than 4 million birds were culled, as the worst ever in India. An outbreak of bird flu in poultry was also detected in Malda district in March [2008], resulting in the culling of more than 50 000 birds. Authorities later said in May that the virus had been stamped out in the area. Culling operations, which began in Guwahati in Assam last month [November 2008] had been expanded to nearby Meghalaya state as a precaution, authorities said on Sunday [14 Dec 2008].

AVIAN INFLUENZA, HUMAN, SUSPECTED (INDONESIA): 17 Dec 2008. A suspected birdflu patient of Bintaro, Tangerang, Banten, known by her initials as Su (24) died on Tuesday [16 Dec 2008]. Su's aunt said before she died her niece was intensively treated at Sari Asih hospital in Ciledug, Tangerang. She said Su initially had breathing problems, cough and a high fever and as her condition worsened her family then took her to the nearest hospital. "However she finally died after being treated in the hospital for 3 days," she said. Su's body was taken to Punggelan in Banjarnegara, Central Java, for burial. The head of the Tangerang health service, Hari Heryanto, said his office could not as yet confirm if the cause of Su's death was birdflu virus. "Her blood sample is still being examined and the result of laboratory tests is needed to confirm if the cause is really the [avian influenza] virus," he said. The district of Tangerang which is located west of capital city Jakarta has been known as an endemic area and has recorded the highest number of bird flu cases so far, totalling 17 that led to 15 deaths.

AVIAN INFLUENZA, HUMAN (EGYPT): 16 Dec 2008. The Ministry of Health and Population of Egypt has announced a new human case of avian influenza A(H5N1) virus infection. The case is a 16-year-old female from Assuit Governorate, Upper Egypt whose symptoms began on 8 Dec 2008. She was initially hospitalized at the district hospital on 11 Dec 2008 and then transferred to the Assuit University Hospital on 13 Dec 2008 where she died on 15 Dec 2008. Infection with the H5N1 avian influenza virus was diagnosed by PCR [polymerase chain reaction] at the Egyptian Central Public Health Laboratory and subsequently confirmed by the US Naval Medical Research Unit No. 3 (NAMRU-3) laboratories on 15 Dec 2008. Investigations into the source of her infection indicate a recent history of contact with sick and dead poultry. Of the 51 cases confirmed to date in Egypt, 23 have been fatal.

AVIAN INFLUENZA (GERMANY): 15 Dec 2008. Avian influenza is spreading in the [district] of Cloppenburg. An influenza virus that poses no danger for humans has been detected in 4 additional holdings in Garrel and Boesel. Affected are a total of 58 000 turkeys, which will be culled immediately. This information was made available by the district authorities on Saturday [13 Dec 2008]. During the last couple of days a total of 43 000 turkeys have been culled and destroyed. According to the veterinary authorities the virus is spreading fast. Low pathogenic H5N2 influenza virus was detected on turkey fattening units. It is a mild form of bird flu, a disease sometimes called fowl plague and not the dangerous, highly aggressive virus H5N1, which is also known to affect people. The new outbreaks in the [district] are, according to the district administration, on 2 farms in the exclusion zone set up around Garrel, on a farm near the exclusion zone and a fattening unit in Boesel, about 12 km (7.5 mi) away from the current disease zones. Around Garrel, the exclusion zone was extended and in Boesel a new exclusion zone was set up. By extending the restricted areas, a further 14 farms are officially investigated. [District Administrator] Hans Eveslage said that all precautions are being taken to act swiftly and rapidly in the event of a further spread of the disease. How the virus was introduced is still unclear. The Agriculture Ministry of Lower Saxony had ordered to keep all poultry confined. This applies to all owners of chicken, ducks, geese, and poultry, commercial and private. Agriculture Minister Hans-Heinrich Ehlen (CDU) said that "to prevent further spread of bird flu, quick action is necessary. We need to trace all infected poultry in a very short time. Speed is of the essence so that we can quickly get on top of the disease," said Ehlen in Hannover. The minister called for permission of vaccination to contain the disease. The district of Cloppenburg is one of the strongholds of poultry production in Lower Saxony. In the [district], about 12 millions birds are kept of which 3 million are turkeys, a district spokesman said. The extent of economic damage for farmers is, so far, not established. Direct losses, which means animals culled by order of the State veterinarian of the district, are covered by the compulsory health fund (Tierseuchenkasse).

NATIONAL DISEASE REPORTS:

BOTULISM, SALTED FISH (FLORIDA ex CANADA): 15 Dec 2008. The USA Food and Drug Administration (FDA) is warning retailers and food service operators not to offer for sale ungutted, salt-cured alewives (also called gaspereaux fish) from Michel & Charles LeBlanc Fisheries Ltd., CAP-PELE, New Brunswick, Canada, because the fish may contain the _Clostridium botulinum_ toxin. Consumers should not consume the product. C. botulinum_ toxin can cause botulism, a serious and sometimes life-threatening condition. The toxin cannot be removed by cooking or freezing. The fish were imported into the USA and sent to these Florida distributors: Quirch Foods Inc.Den-Mar Exports LLC Dolphin Fisheries Inc. Labrador & Son Food Products Inc. The fish were packed in 30-pound, white plastic pails with green plastic lids. The brand name "Michel & Charles LeBlanc Fisheries Ltd.," appears on the side of the pails, as does the phrase "Product of Canada." 173 30-lb. pails of fish were distributed. The fish may have been repacked or sold loose by retailers in Florida. The FDA considers any ungutted fish over 5 inches (13 cm) in length that is salt-cured, dried, or smoked, such as the ungutted, salt-cured alewives/gaspereaux fish, to be adulterated because it could contain the _C. botulinum_ toxin. The Florida Department of agriculture and Consumer Services discovered the ungutted alewives/gaspereaux fish from Michel & Charles LeBlanc Fisheries Ltd. being sold in stores and alerted the FDA. The FDA prohibits the sale of this adulterated product in the USA. To date, there have been no reported illnesses associated with this product. However, consumers who have purchased ungutted, salt-cured alewives/gaspereaux fish in Florida should contact the place of purchase to determine if the fish they bought originated from Michel & Charles LeBlanc Fisheries Ltd or if the source of the fish cannot be determined, consumers should immediately discard the fish and any foods made with these fish. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

BOTULISM, BABY FOOD (DENMARK, NORWAY): 18 Dec 2008. A 4.5 months old, previously healthy Danish girl was admitted to a pediatric department after 6 days of passive behavior and weak suck. Over the next days she became increasingly weak, developed bilateral ptosis, the muscle stretch reflexes were lost, and mydriasis with slow pupillary responses was noted. Botulism was suspected and confirmed by testing of patient serum in a bioassay. The condition of the patient improved following administration of botulism antiserum. The clinical picture was suggestive of intestinal (infant) botulism. However, botulism acquired from consumption of food with preformed neurotoxin could not be excluded. The food history revealed consumption of a commercially produced banana/peach puree which was suspected as a possible source, and based on a precautionary principle this product was recalled. The case description illustrates a risk-management dilemma between suspected foodborne versus intestinal botulism. Taking the potentially very serious consequences of foodborne botulism into consideration, the measures taken were justified. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (INDONESIA): 18 Dec 2008. There has been a chikungunya health emergency in Kebumen Regency. The spreading of chikungunya illness in the Ayah Subdistrict Kebupaten Kebumen happened has been fast. The illness did not only become epidemic in the Argosari Village, but has spread in 3 other villages, namely the Jintung Village, Kalibangkang and Watukelir.The number of residents who have been attacked by the illness reached hundreds of people. In the Argosari Village and Jintung, the number of sufferers chikungunya [virus infection] that have been detected reached 62 people. Whereas in the Kalibangkang Village and Watukelir around 50 people are suspected of having been affected by chikungunya [virus]. The Kebumen Regional Government, through the Health Service, stated the cases of chikungunya in the Ayah Subdistrict, especially in the Argosari Village, was [designated] an extraordinary incident

[emergency]. On Wednesday (17 Dec [2008]), the Regent was in Kebumen accompanied by Health Service officials and the Sub-district Head, inspected the Argosari Village that became the location of the occurrence of the chikungunya outbreak. [Indonesian provinces are divided into regencies, headed by a regent.] Health officials are following up by carrying out various steps, including wide-spread mass medical treatment, fumigation (fogging) and counselling of local villagers as well as a demonstration of abate [application of larvacide] that was carried out symbolically by the Regent. A previous entomological investigation was carried out. Results of that surveillance found mosquito breeding sites in this location. The Head of the Health Service doctor, HA Dwi Budi Satrio MKes said, "After the blood samples were sent to the Hall of the Health Laboratory in Yogyakarta, positive results for chikungunya were received. This was done to be able to confirm that a chikungunya outbreak had occurred in Argosari Village," said Budi Satrio. The head of the Field Control for Health Problems, Kusbiyantoro SKM MKes, added, "This is just the 1st time that an outbreak of chikungunya has occurred in Kebumen. There has not been a report of cases of chikungunya before." As for the risk factor, most residents have created pools when the rainy season arrived, which provided a place for expansion of mosquito breeding sites," said Kusbiyantoro. Regent Kebumen KH Nashirudin Am made a plea to the residents to continue to actively eradicate mosquito breeding sites, because, that was a very effective way to combat illnesses [viruses] that are spread by mosquitoes, such as [that of] chikungunya and dengue fever. As is being reported, the emerging chikungunya illnesses have been detected since 30 Nov 2008. The amount [of cases] continued to increase and spread. Moreover information that was received by the Independent Voice CyberNews indicated that the same [chikungunya virus] cases have emerged in the Jabres Village in the Sruweng Subdistrict. However this situation, according to Kusbiyantoro, has not yet been reported officially to the Kesehatan Service. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (MALAYSIA): 17 Dec 2008. After affecting 32 residents from Kampung Baru Sungkap Para, the chikungunya outbreak has spread to another village. In Kampung Batu Lima, Jalan Jeniang, Gurun, near here, 2 villagers were admitted to Yan Hospital, in Yan, after they developed symptoms of chikungunya. State Health deputy director Dr Shahidan Hashim said the 2 victims were warded on Monday [15 Dec 2008] after they were found suffering from fever, joint pains and rashes on their bodies. This brings the number of victims of the chikungunya outbreak in the state to 34. "We have dispatched medical officers to the newly affected village to check on other residents," added Dr Shahidan. He said 29 of the 32 villagers from Kampung Baru Sungkap Para were still undergoing treatment at Sultan Abdul Halim Hospital. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

EBOLA-RESTON, PORCINE (PHILIPPINES): 16 Dec 2008. Over the last few weeks, FAO has been engaged with officials at the Department of Agriculture in Manila and other national and international agencies (World Health Organization, World Organization for Animal Health, US agencies -- Department of Agriculture and Centers for Disease Control and Prevention, and Australia's Animal Health Laboratory) to better understand the laboratory findings of Ebola-Reston virus in pigs. It is the 1st time that this virus, a known primate pathogen, has been identified in a food-producing animal. This laboratory finding came about after field investigations and sample collection was undertaken by the Bureau of Animal Industry (BAI), Department of Agriculture of the Philippines, because of suspected outbreaks of porcine reproductive and respiratory syndrome (PRRS), which had been affecting several swine production areas in the Philippines characterized by greater virulence then that described decades earlier in North America and Europe. Such increased virulence in the PRRS virus (an arterivirus) has also been seen in China and Viet Nam recently. The increased awareness and investigation, prompted the BAI to send samples to a laboratory with experience in PRRS characterization, as well as rule out other swine pathogens, such as porcine circovirus, classical swine fever (a pestivirus), or Nipah virus (a paramyxovirus) using classical and molecular diagnostic laboratory techniques. During the laboratory investigations, viral particles and generic sequencing results showed that several of the swine samples were indeed infected with PRRS virus, circovirus, other agents..., and Ebola-Reston. No ebolavirus had ever been found in swine tissues before. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://bioterrorism.dhmh.state.md.us/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

CDC has issued interim guidelines for the use of Oseltamivir (Tamiflu) in influenza cases. The guidelines can be found at http://www.cdc.gov/flu/professionals/antivirals/index.htm

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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